

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580209

FILING DATE

5.22.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1		8			
10	1		8			
11	102		8			
12	1		8			
13	1		8			
14	1		8			
15	1		8			
16	1		1			
17	1		1			
18	1					
19	1		1			
20	1					
21	1					
22	1		1			
23	1		1			
24	1		8			
25	1					
26	1		8			
27	1		8			
28	1					
29	1					
30	1					
31	1		1			
32	1		1			
33	1		1			
34	1		1			
35	1		1			
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	34	↔	82	↔		↔
TOTAL CLAIMS	36		84			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↔	↔
TOTAL CLAIMS						